

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN  
APPLICATION DATA SHEET (37 CFR 1.76)**

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. \_\_\_\_\_, filed on \_\_\_\_\_  
☐ as amended on \_\_\_\_\_ if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/ we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and

All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Inventor(s)

Inventor 1 James Francis Blake

Signature

*James Francis Blake*

Citizen of

USA

Inventor 2

Adam Hale Brockman

Signature

*Adam Hale Brockman*

Citizen of

U.S.A

Inventor 3

David Martin Potter

Signature

*David Martin Potter*

Citizen of

U.S.

☐ Additional inventors are being named on

Burden Hour Statement This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box →

+

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	James Francis Blake
<b>Title</b>	IONIZATION POLARITY PREDICTION OF COMPOUNDS FOR
<b>Group Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	PC10718A

I hereby appoint:

☒ Practitioners at Customer Number

23913

**OR**☐ Practitioners Named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.**OR**☐ Practitioners at Customer Number**OR**☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record**

James Francis Blake

Signature

Date

JUNE 21, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of        forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

Please type a plus sign (+) inside this box →

+

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

<b>Application Number</b>	
<b>Filing Date</b>	
<b>First Named Inventor</b>	<b>James Francis Blake</b>
<b>Title</b>	<b>IONIZATION POLARITY PREDICTION OF COMPOUNDS FOR</b>
<b>Group Art Unit</b>	
<b>Examiner Name</b>	
<b>Attorney Docket Number</b>	<b>PC10718A</b>

I hereby appoint:

☒ Practitioners at Customer Number

23913

**OR**☐ Practitioners Named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.**OR**☐ Practitioners at Customer Number**OR**☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).***SIGNATURE of Applicant or Assignee of Record****Adam Hale Brockman**

Signature

Date

6/21/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of forms are submitted.

Burden Hour Statement. This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC

+

<p><b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b></p>	Application Number	
	Filing Date	
	First Named Inventor	James Francis Blake
	Title	IONIZATION POLARITY PREDICTION OF COMPOUNDS FOR
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	PC10718A

☒ Practitioners at Customer Number

23913



☐ Practitioners Named below:

Name	Registration Number

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

☐ Practitioners at Customer Number

**OR**

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

**David Martin Potter**

Signature \_\_\_\_\_

Date \_\_\_\_\_

June 20, 2001.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of                      forms are submitted.

Parameter	Unit	Value	Standard Error	95% CI	P-value
Intercept		1.00	0.00	1.00	0.00
Age	Year	0.02	0.01	-0.01, 0.05	0.15
Sex					
Male		0.05	0.03	-0.01, 0.11	0.08
Female		-0.02	0.03	-0.08, 0.04	0.45
Education	Year	0.01	0.01	-0.01, 0.03	0.32
Income	Year	0.01	0.01	-0.01, 0.03	0.32
Health					
Good		0.05	0.03	-0.01, 0.11	0.08
Fair		-0.02	0.03	-0.08, 0.04	0.45
Poor		-0.05	0.04	-0.13, 0.03	0.12
Smoking					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Alcohol					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Exercise					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Stress					
High		0.05	0.03	-0.01, 0.11	0.08
Low		-0.02	0.03	-0.08, 0.04	0.45
Family Size					
Large		0.05	0.03	-0.01, 0.11	0.08
Small		-0.02	0.03	-0.08, 0.04	0.45
Marital Status					
Married		0.05	0.03	-0.01, 0.11	0.08
Single		-0.02	0.03	-0.08, 0.04	0.45
Divorced		-0.05	0.04	-0.13, 0.03	0.12
Widowed		-0.02	0.03	-0.08, 0.04	0.45
Religion					
Christian		0.05	0.03	-0.01, 0.11	0.08
Jewish		-0.02	0.03	-0.08, 0.04	0.45
Muslim		-0.05	0.04	-0.13, 0.03	0.12
Hindu		-0.02	0.03	-0.08, 0.04	0.45
Other		-0.05	0.04	-0.13, 0.03	0.12
Occupation					
Professional		0.05	0.03	-0.01, 0.11	0.08
Managerial		-0.02	0.03	-0.08, 0.04	0.45
Clerical		-0.05	0.04	-0.13, 0.03	0.12
Service		-0.02	0.03	-0.08, 0.04	0.45
Unemployed		-0.05	0.04	-0.13, 0.03	0.12
Retirement					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Health Insurance					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Medication					
Yes		0.05	0.03	-0.01, 0.11	0.08
No		-0.02	0.03	-0.08, 0.04	0.45
Comorbidities					
Hypertension		0.05	0.03	-0.01, 0.11	0.08
Diabetes		-0.02	0.03	-0.08, 0.04	0.45
Asthma		-0.05	0.04	-0.13, 0.03	0.12
Heart Disease		-0.02	0.03	-0.08, 0.04	0.45
Stroke		-0.05	0.04	-0.13, 0.03	0.12
Cancer		-0.02	0.03	-0.08, 0.04	0.45
Other		-0.05	0.04	-0.13, 0.03	0.12
Genetics					
Family History		0.05	0.03	-0.01, 0.11	0.08
Personal History		-0.02	0.03	-0.08, 0.04	0.45
Environmental		-0.05	0.04	-0.13, 0.03	0.12
Lifestyle		-0.02	0.03	-0.08, 0.04	0.45
Other		-0.05	0.04	-0.13, 0.03	0.12